



RAPID SERVICES

Housing Department
670 Main Street
Winnipeg, Manitoba R3B 1E4
Intake Line: 204-589-1613
E:550Intake@mmf.mb.ca



Participant Intake Form

First Name Initial Last Name

Address City/Town Province Postal Code

Citizenship Number Region Local

Home Community Date of Birth (dd/mm/yyyy)

Gender:

Male	Female	Non-Binary
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Phone:

Email Address:

Contact Person Info: (if no phone or email)

How did you hear about us?:

Preferred contact:

- Phone
 Email
 Other: _____

Time: _____

<input type="checkbox"/> Walk-in	<input type="checkbox"/> Referral	<input type="checkbox"/> Other:
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If applicable: Referral Agency: _____

Assistance Needed:

<input type="checkbox"/> Basic Needs (food/Clothes/Hygiene) <input type="checkbox"/> Financial Assistance:(Rent/Arrears/Med/Pest) <input type="checkbox"/> Counselling <input type="checkbox"/> ID Assistance: <input type="checkbox"/> Drivers Licence <input type="checkbox"/> Health Card <input type="checkbox"/> Metis Citizenship Card <input type="checkbox"/> Other: Specify: _____	<input type="checkbox"/> Housing Assistance: <input type="checkbox"/> In need of housing <input type="checkbox"/> Tenant Advocacy <input type="checkbox"/> Furniture/Start-up <input type="checkbox"/> Fre Maachii <input type="checkbox"/> Information Request <input type="checkbox"/> Application Request <input type="checkbox"/> Waiting List
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Current Living Situation

- Non-housing (street, car, park, etc.)
 Emergency shelter (Domestic / Homeless / Family)
 Transitional housing (treatment centre, safe house etc.)
 Unstable Housing, At risk of homelessness (couch surfing, unsafe conditions)
 Other. Please Specify: _____

Current Rent Total W/ Utilities: _____

Areas of interest: _____



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**HOUSING
DEPARTMENT**

Income (monthly income)

- Employed (working) \$ _____
- EI \$ _____
- EI Disability \$ _____
- EIA \$ _____
- EIA Disability \$ _____
- Old Age Security/Pension \$ _____
- Streets (pan handling, flagging, sex trade etc.) \$ _____
- Other Please Specify: _____ \$ _____

EIA Worker: _____ Case #: _____ Phone: _____

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What ID's Do they have? (Circle all that apply)

Birth Certificate	Drivers	Passport	MMF	S.I.N	Other:
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Marital Status:

Married	Single	Separated	Divorced	Widowed	Common Law
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If applicable, how many people live in your household? _____

Please list members of your household.

Name	Birthdates	Gender	Relationship

Any Pets? Cats? Yes/No - #_____ Dogs? Yes/No - #_____ Other?_____

<p>Do you identify as LGBTQQ2S+?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No answer	<p>Medical Conditions:</p> <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> _____
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Intake Date: _____

Follow-ups: **3 month:** _____ **6 month:** _____ **12 month:** _____